



**Academic Year:** 2024 – 2025

**Form:** Child/Dependent Care Allowance Form

**Student’s Name:**

**Student’s ID:**

**Please scan and submit your appeal documents at <https://www.umgc.edu/help/submit-case>**

Federal law allows financial aid offices to consider the costs incurred by a student in providing care for a dependent. The term “dependent” applies not only to children but can include an elderly or disabled adult. To qualify, the dependent person must be included in your household size as reported on your FAFSA. You may request an increase in Cost of Attendance (COA) to assist with expenses paid to your dependent-care provider. We can then include these costs when determining your federal aid eligibility when the costs are not covered by other sources.

**To apply, please fill out the form below and attach supporting documentation for review:**

- Supporting documentation includes a statement from your care provider or your bill showing the weekly expense for each dependent. Documentation must include the dependent’s name.

*Note: You may submit a request to increase your COA based on dependent care expense(s) once per semester.*

**Summer 2024**

**Fall 2024**

**Spring 2025**

**Section 1:** Please complete the chart below listing all dependent(s), their ages, and your relationship to them:

Name	Age	Relationship	Supporting Documentation Attached?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

**STATEMENT OF CERTIFICATION**

All of the information on this form is true and complete to the best of my knowledge. The expense(s) submitted, which I am incurring, are necessary to provide care to my dependent(s). If requested, I agree to provide further documentation to substantiate the information provided. I acknowledge that I may be liable for repayment of any financial assistance received if the information that I am providing is found not to be accurate. All persons providing information must sign below.

Student’s Signature \_\_\_\_\_

Date \_\_\_\_\_